

## SUMMARY FORM

### COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

#### Section I: Agreement Details

Public Employer: City of Absecon County: Atlantic  
Employee Organization: GWU - White Collar Employees in Unit: 5  
Base Year Contract Term: 1/1/2012 12/31/2014 New Contract Term 1/1/2015 12/31/2017  
Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

|  |                  | Column A<br><u>Base Year - Total Costs</u><br>(Last Year of Previous agreement) | Column B<br><u>New Base Year - Total Costs</u><br>(First Year of Successor agreement) |
|--|------------------|---|---|
| <b>Section II: Economic</b>                              |                  |   |   |
| Item 1 .....   | Salary           | \$179,557   | \$190,579   |
| Item 2 .....   | Increment        | \$3,591   | \$3,811   |
| Item 3 .....   | Longevity        | \$7,431   | \$0   |
| Item 4 .....   |                  |   |   |
| Item 5 .....   |                  |   |   |
| Item 6 .....   |                  |   |   |
| Item 7 .....   |                  |   |   |
| Item 8 .....   |                  |   |   |
| Item 9 .....   |                  |   |   |
| Item 10 .....  |                  |   |   |
| Item 11 .....  |                  |   |   |
| Item 12 .....  |                  |   |   |
| Any additional items list on separate sheet              | Additional Items |   |   |
| <b>Section III: Totals</b> - Sum of costs in each column |                  | \$190,579<br>(Total)  | \$194,390<br>(Total)  |

#### Section IV: Analysis of new successor agreement

#### NEW AGREEMENT ANALYSIS

|   |           |
|---|-----------|
| Total Base Year(previous agreement)           | \$190,579 |
| Effective Date (m/d/yyyy)                     | 1/1/2015  |
| Percent Increase .....                        | 2%        |
| Total cost of increase ..                     | \$3,811   |
| Total base salary (successor agreement) ..... | \$190,579 |
|   | \$198,277 |
|   | \$202,242 |

#### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)  
2.00  
Dollar Impact (average per year over term of agreement)  
\$11,663.00

#### Section VI

| <u>Health Insurance</u> (Indicate costs associated on each line) |   |
|--|---|
| Cost of Health Plan .....  | Base Year      Year 1<br>\$53,992      \$57,253 |
| Employee Contributions .....                                     | \$3,885      \$5,496                            |
| Prescription .....   |   |
| Dental .....   | \$8,620      \$8,964                            |
| Vision .....   | \$295      \$295                                |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

#### Section VII

|              |   |                          |
|--------------|---|--------------------------|
| Prepared by: | Jessica Thompson<br>Print Name<br>Signature | Title: Administrator/CFO |
|              |   | Date: 10/2/2015          |